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11	PLACE OF BIRTH	ARIZONA STATE BOARD OF HEALTH	<i>L</i>	
		EAU OF VITAL STATISTICS State Index No	169	
	District of ORIGINA	NAL CERTIFICATE OF BIRTH Co. Registrar No	05	
.	or Management M	Local Registrar 1	Yo	
	City of St. Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
number of each, in order of Dirth, atated.	2. Full name of child ruce lacur	If child is not yet n supplemental report,		
	3. Sex of child ONLY in event of plural births. To be answered 4. Twin, triplet or off on the child of the c	sight mate? Te of 1-28-23	ı, day, year)	
	8. FATHER Full name free Perey	14. Full maiden buren als ara	J.	
	9. Residence (Usual place of abode) If nonresident, give place and State	15. Residence Musical (Usual place of abode) If nonresident, give place and State	· · · · · · · · · · · · · · · · · · ·	
	10. Color or mich 11. Age at last birthday	16. Color or race 17. Age at last birthday.	(Years)	
	12. Birthplace (city or place) Jaluace (State or country)	18. Birthplace (city or place) Medical (State or country)		
	13. Occupation Nature of Industry	19. Occupation Nature of industry		
43	20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn.			
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was at a large and the date above stated.			
	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Address	To husul	9	
	a supplemental report(Month. day, year)	11/2 11/2 13/194	Registrar.	
	379-128-516 Registrar.	Filed County F	Registrar,	